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PAMELA E. GAY
Executive Assistant
Florida BankPac
Assistant Secretary-Treasurer



FLORIDA BANKERS ASSOCIATION
214 South Bronough Street, Box 1360, Tallahassee, FL 32302-1360
(904)224-2265 FAX: (904)224-2423



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

DEC 6 1995

Pamela E. Gay, Treasurer
Florida Bankers Association
Political Action Committee
214 South Bronough Street
Tallahassee, FL 32301

Identification Number: C00012484

Reference: October Monthly Report (9/1/95-9/30/95)

Dear Ms. Gay:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion attached) discloses a contribution to FSPAC Federal which appears to exceed the limits set forth in the Act. 2 U.S.C. § 441a(a) precludes a committee from making contributions to another political committee in excess of \$5,000 per calendar year. Records at the Commission, however, indicate that your committee may actually be affiliated with FSPAC Federal. As provided for in 11 CFR §100.5(g)(2), affiliated committees are those political committees established, financed, maintained, or controlled by the same group of persons including any parent, subsidiary, branch, division, department, or local unit thereof. Affiliated political committees may make and receive unlimited transfers amongst themselves which are not considered to be contributions. 11 CFR §102.6(a)

If you have made an excessive contribution, the Commission recommends that you notify the recipient and request a refund of the amount in excess of \$5,000. In the best interest of your committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution. Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your refund request sent to the recipient. In addition, any refund should be disclosed on Schedule A supporting Line 16 of the report covering the period during which the refund occurs.

If, on the other hand, FSPAC Federal is affiliated with your committee, please clarify this relationship in writing and amend Line 6 of your Statement of

Organization to identify it as an affiliated committee.
11 CFR §102.2 For future reporting, be aware that
transfers made to affiliated committees should properly
be disclosed on Schedule B supporting Line 22 of the
Detailed Summary Page.

Although the Commission may take further legal action
concerning the excessive contribution, your prompt
action in obtaining a refund of the excessive amount, or
further clarification of your relationship, if any, with
FSPAC Federal will be taken into consideration.

A written response or an amendment to your original report(s)
correcting the above problem(s) should be filed with the Federal
Election Commission within fifteen (15) days of the date of this
letter. If you need assistance, please feel free to contact me on
our toll-free number, (800) 424-9530. My local number is (202)
219-3580.

Sincerely,

Jennifer K. Wall

Jennifer K. Wall
Reports Analyst
Reports Analysis Division

95030124018

ITEMIZED RECEIPTS

for each category of the
Detailed Summary Page1 2
FOR LINE NUMBER
12

Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Florida Bankers Association Political Action Committee, AKA Florida BankPac

A. Full Name, Mailing Address and ZIP Code PSPAC Federal 214 South Bronough Street Tallahassee, FL 32301	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/21/95	Amount of Each Receipt this Period 6,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Contribution to PAC			
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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Records

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Sab.

PREPARED BY

12-27-95

DATE PREPARED